

Alaska Area Native Health Service

Cervical Cancer Screening

Alaska Native Medical Center Women's Health Service recommends that women should have thorough evidence based periodic preventive health services. Cervical cancer screening exams should begin at the age of 18, or when the woman becomes sexually active. The exam should include a PAP smear to screen for cervical cancer and pre-invasive disease. The consensus of the Women's Health Service is to recommend the following based on many considerations.

Background

- Our population has many high risk factors that are associated with cervical cancer. Authorities recommend increased vigilance in populations with high risk factors for cervical cancer. The Alaska Native population has several characteristics, which place them at higher risk, these include high rates of tobacco use and STDs.
- Past history — in the 1950s the Alaska Native population had high incidence rates for cervical cancer. Massive screening programs increased diagnosis of pre-invasive disease and the rate of cervical cancer decreased. In the late 1960s and early 1970s the screening program decreased and the incidence rates of cervical cancer rose again. Screening programs were reestablished and rate decreased. We have brought the rates down by a rigorous screening program.
- Cultural influence — women talk to each other. If one woman is told she needs to go less frequent than yearly and she tells another woman this, the second woman may decide this is ok for her also. She decides to have an exam done less frequently without consulting her physician. She may have risk factors that dictate more frequent screening. We feel that patient education and self-determination are the keys to resolve this issue.
- Society expectation - women expect to have periodic preventive health services every year. We feel that patient education and self-determination are the keys to resolve this issue.
- Avoid confusion — our old system was based on annual preventive health services. To change the intervals may lead to confusion on the part of the patient and provider. Provider and system-wide vigilance is the key to this issue.
- There could be difficulty in rigorously adhering to the recommendation of three consecutive PAP smears every 12 months prior to changing to the 3-year interval. It would be easy to slip into every three years without proper periodic preventive health services. Provider and system-wide vigilance is the key to this issue, e.g., be aware of
 - Some organizations have recommended that patient must have 3 normal pap smears every 12 months prior to changing to the 3 year interval. This would be very difficult to adhere to. The recommendation of 3 normal paps in a 5 year period is more practical
 - There is a concern that other preventive health issues will be neglected once patients go to every 3 year paps. Providers will need to incorporate these issues into other aspects of a patient encounter. System-wide vigilance will help to provide reminders.
- We are aware that change in the frequency could create problems with our village patients who move frequently. Provider, patient self-determination, and system-wide vigilance are the key to this issue.
- Many things are addressed at periodic preventive health screening. The PAP smear is a small part of this exam but it is usually what the woman expects to get done during the exam. The provider could address other issues on an periodic basis including contraception, domestic violence, sexual abuse, weight reduction, diet, education, substance abuse, menopausal issues, etc.
- For most cases of HGSIL the sojourn time to develop invasive cervical cancer is 8-12 years. This does not count the time from HPV infection to HGSIL

Recommendations:

Patients are individuals and their medical can be individualized. Providers do have the option of changing the frequency of PAP smears for an individual patient. The general recommendation for women who are sexually active, or are aged 18 years old to 70 years old, is a PAP test every 3 years after:

1. Three consecutive normal PAP smears in the past five years
2. Clinical evaluation of the risk factors below

In counseling the woman who meets the above requirements, the provider should make sure the patient understands that the recommendation is individualized for her and that others may not meet the requirements.

There is no evidence that these risk factors change the rate of progression or sojourn time, hence should have no effect on the screening interval with exception of immunosuppression and recent moderate dysplasia.

Therefore the clinician could share the following risk information with the patient as way to reinforce the need for q 3-year PAP smears, not to decrease the interval

1.) Overall risk

The overall risk for reproductive age non-hysterectomized American women to develop cervical cancer is about one in 5200 per year, or 0.02%.

-The difference in pick-up rate between annual and q 3 PAP smears is negligible.

Q 3 yr. PAP tests reduce the incidence by 91% while q 1 yr. PAPs reduces the incidence by only an additional 2 percent.

2.) Risk factors

HIV positive	(Very high risk: care individualized, at least annual)
Moderate dysplasia < 5 yrs	(Very high risk: care individualized)
No prior screening	(Relative Risk* = 10)
HPV, depending on subtype	(Relative Risk* = 2.5 —30)
Six or more sexual partners	(Relative Risk* = 5)
Syphilis	(Relative Risk* = 3.7)
Onset coitus, < 17yrs.	(Relative Risk* = 2.5)
Tobacco use	(Relative Risk* = 2)
Oral contraceptive use	(Relative Risk* =1.5)

Other less well-defined risk factors include:

Any previous sexually transmitted disease

Any previous sexual abuse

Education less than 12 years (Relative Risk* = 5)

Please note:

Barrier Contraception actually decreases the Relative Risk* to 0.6.

* A relative risk of 1.0 would indicate NO increased probability of negative outcome, whereas a Relative Risk of less than 1.0 means an actual protective effect may be present. RR of 10 means a tenfold increase, but in this case the baseline risk is only 0.02%.

Women who have had a hysterectomy no longer require a PAP smear at their periodic preventive health screening.

Exceptions to this recommendation are:

1. The hysterectomy was done for invasive cervical cancer or pre-invasive disease
2. The patient has a history of any treatment for HGSIL, e.g., LEEP or cone biopsy
3. The patient has risk factors that increase her risk of vaginal intraepithelial neoplasia (VAIN)
4. A subtotal hysterectomy was performed

In addition the patient must meet the requirement that she had three consecutive normal PAP smears within the five years preceding the hysterectomy.

The WHS recommends the age to stop performing PAP smears as part of the well woman exam at the age of 70. However, the woman must meet the requirement of having had three consecutive normal PAP smears in the past five years and no recent history of the high risk factors listed above.

The ANMC Women's Health Service recommends that we all spend more resources on identifying the patients who need to have a PAP smears and don't come in to see their Primary Care Provider for this service. We need to reach these patients, provide education on PAP smears and provide the service for this part of our population.

We also make these recommendations based on each Service Unit's clinicians ability to accurately track individualized PAP smear intervals.

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